STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

A. Target Group:

Individuals who are Medicaid eligible, are age 65 or older and meet the Medicaid long-term care threshold as determined by a qualified case manager.

B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of Services:

☒ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☐ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

1. Assessment/Plan of Care/Reassessment

a. Assessment: A comprehensive review of the consumer's strengths and preferences. Assessment also includes a review of consumers in Nursing Facilities who request to be assessed for home and community based services. This process is known as Consumer Self Referral (CSR).

b. Plan of Care: An agreement in writing, on the prescribed agency form(s), between the consumer or their legal representative, and the case manager which sets forth:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

D. 1. b.
- the needs and preferences of the consumer,
- the services to be provided,
- the authorized costs, and
- the effective dates for the services in the plan of care.

The service plan of care shall be flexible and reflect a proactive attitude toward meeting the needs and preferences of the consumer.

c. Reassessment: Periodic reviews to determine changes in the individual's overall condition and circumstances, and whether or not the service plan of care continues to be appropriate. Reassessment also includes a periodic review to determine whether consumers whose long term care needs are being provided in a Nursing Facility continue to meet the appropriate level of care threshold. This process is known as Resident Status Review (RSR).

2. Implementing and Coordinating Services

The case manager implements the service plan of care by initiating contacts or conferences with the consumer, their legal representative if necessary, providers and others as agreed to by the consumer. These contacts or conferences are to determine the continuum of services available from formal and informal providers that will effectively meet the individual's needs, within the authorized costs, as identified in the service plan of care.

The case manager coordinates the essential services with the consumer, formal and informal service providers, and other agencies to insure that the service plan of care, as agreed upon by the concerned parties, is implemented efficiently.

3. Monitoring and Quality Assurance

The case manage visits with the consumer regularly, and confers with providers as needed, to assure that the services being rendered are sufficient in quantity and quality to meet the needs and preferences of the consumer as identified in the service plan of care.

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State/Territory: Kansas

D. 4. Resource Development

To assure that the consumer receives the best possible services under the service plan of care, the case manager will endeavor to expand the service options available by challenging the formal service providers to be more flexible, and seeking new or non-traditional resources and services. The case manager will authorize services, remove obstacles that impede or limit service delivery, and identify alternative sources of funding for services.

5. Gatekeeping

The case manager is committed to insuring that public and private resources are used efficiently to meet the needs and preferences of the consumer as set forth in the service plan of care. This involves:

a. determining the comparative costs of alternative service options,

b. calculating the public provider costs for the services set forth in the service plan of care, as well as tracking services used from other sources,

c. monitoring expenditures for services in the long-term, and

d. advocating for the consumer to obtain services through the preferred provider and delivery system.

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D. 6. Documenting Case Management Activities

The case manager will systematically record all contacts with consumers, family members, legal representatives, service providers and other interested parties. These records will be maintained by the case manager to document that the services received by consumers are available, appropriate and are being coordinated to meet the needs and preferences indicated in the service plan of care. The records maintained by the case manager must be adequate to meet the requirements for audits that may be conducted by any federal or state agency.

7. Advocacy

The case manager will advocate for the consumer by either acting on their behalf or encouraging them to take the initiative in working with the various government agencies and service providers to insure that any disputes are resolved equitably, that any rights and benefits afforded the consumer are secured and maintained in accordance with program requirements and that the consumer is treated with respect and dignity as they seek to meet the needs and preferences stated in the service plan of care.

E. Qualifications of Providers:

1. Case Manager Qualifications

a. A baccalaureate degree in social service or related field approved by the designated Medicaid authority, or

b. a Registered Professional Nurse and at least one year of work in social service or related field, or

c. have at least twelve (12) months experience as a case manager in the field of geriatrics, and employed by, or under contract with, a designated state--authorized case management agency.

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E. 2. Case Manager Limitations

Caseloads will be routinely monitored by Kansas Department on Aging quality assurance staff to determine compliance with consumer-based performance criteria. Providers of this service may not provide other direct Medicaid services.

F. Freedom of Choice

The state assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible beneficiaries will have free choice of the providers of case management services.

2. Eligible beneficiaries will have free choice of the providers of other medical care under the plan.

G. Payment

Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

A. Target Group:

Individuals who are Medicaid eligible and need Assistive Technology.

B. Areas of State in which services will be e provided:

X Entire State

_ Only in the following geographic areas (authority of section 1915(g)(1) of the Act Is invoked to provide services less than Statewide.)

C. Comparability of Services:

X Services are provided in accordance with section 1902 (a)(10)(B) of the Act.

_ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

(1) Evaluation of needs for assistive technology;
(2) training of consumer and care givers on assistive technology;
(3) co-ordination of other needed services which facilitate the use or reimbursement of assistive technology;
(4) monitoring ongoing effectiveness of assistive technology and assistive technology resource development; and,
(5) system advocacy for consumers.

E. Qualification of Providers:

Assistive technology services would be provided only by those sites recognized by the Assistive Technology for Kansas Project and enrolled as a provider through Medicaid.

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State/Territory: Kansas

F. The state assures that the provisions of Case Management services will not restrict an individual's free choice of provider in violation of section 1902(a)(23) of the Act.

(1) Eligible consumers will have free choice of the providers of case management services.

(2) Eligible consumers will have free choice of the providers of other medical care under this plan.

G. Payment for Case Management services under the plan does not duplicate payments made to public or private entities under other program authorities for the same purpose.

Substitute per letter dated 8/24/99

KANSAS MEDICAID STATE PLAN

Revision: HCFA-PM-87-4 (BERC)
March 1987

Supplement 1 to Attachment 3.1-A
Page 18
OMB: 0939-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Kansas

A. Target Group:

Medicaid - eligible individuals, 16 to 55 years of age, and consumers over 55 who turn 55 while receiving services on the HCBS/Head Injury Waiver, who meet criteria for head injury facility placement as determined by a qualified case manager.

B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than statewide.

C. Comparability of Services:

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

1. ASSESSMENT/PLAN OF CARE/REASSESSMENT

a. Assessment: provides a detailed review of an individual's functioning and a data base from which to design an appropriate service plan of care. Assessment includes a comprehensive review of the medical needs, social needs, psychological needs, functional capabilities, current services received through formal and informal sources, evaluation of environment, available financial resources, and evaluation of the individual's strengths, goals, and preferences.

b. Plan of Care: The individualized agreement on the prescribed agency forms between the individual or legal representative and the Case Manager. The agreement is based on identified needs, goals, and the preferences of the

D. 1. individual within cost restraints and for a set period of time. The agreement should identify outcomes to be achieved; services to be pursued; and the responsibilities of each in support of goal achievement.

c. Reassessment: Periodic reviews to determine changes in the individual's overall condition and circumstances, and whether or not the service plan of care continues to be appropriate.

2. IMPLEMENTING AND COORDINATING SERVICES

The Case Manager coordinates the essential services with the individual, formal and informal service providers, and other agencies in order to implement the agreed-upon service plan of care in an efficient manner.

Implementation of the service plan of care requires the Case Manager to initiate contacts and/or conferences with the individual and/or his/her legal representative, providers, and others as agreed to by the consumer. The purpose will be to arrange for an effective and efficient con-continuum of informal and/or formal services provided by determining availability and cost of needed services.

3. MONITORING AND QUALITY ASSURANCE

The Case Manager visits with the individual on a regular basis and confers with other providers as needed to assure appropriate and sufficient services of good quality and efficient coordination to meet the needs, preferences, and goals of the individual within the service plan of care.

4. RESOURCE DEVELOPMENT

The goal of Resource Development within the scope of Case Management maintains persons at appropriate levels of care by facilitating optimal integration of funding sources. Care plans are flexible and reflect a proactive orientation. Case Managers are not limited to authorizing only existing services but strive to challenge the formal service system to be more flexible and to accommodate consumer values and preferences, expanding the range of service options available by developing new and nontraditional resources and services. Resource Development further involves removal of obstacles which impede or limit the delivery of services.

Substitute per letter dated 8/24/99

KANSAS MEDICAID STATE PLAN

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State: Kansas

5 DOCUMENTATION

Case Managers keep a record through an established system of any contacts with consumers, family members, service providers or other interested parties. The purpose of the documentation is to demonstrate, and provide assurances of appropriateness of services, access and coordination of needed services as identified on the plan. This documentation must provide the necessary detail to meet federal and state requirements as an audit trail.

6. ADVOCACY

The Case Manager should advocate on both an individual and systems level. An individual acting on behalf of a person or encouraging the individual to act on his/her own behalf to deal with administrative procedures of various agencies, settles disputes, secures various entitlements and financial assistance, and safeguards legal rights and personal dignity.

LIMITATIONS

- Caseload is limited to a range of 20-30 consumers per Case Manager.
- Providers of this service many not provide other direct services with the exception of Transitional Living Services.
- This service cannot be provided in conjunction with any other case management service.
- Limited to HI consumers who meet Head Injury facility criteria.
- Persons with family relationships to the consumer may not provide case management services.

ENROLLMENT

- At least six month's personal experience with a disability or as recognized by the Rehabilitation Act of 1973; or.
- At least one year professional experience providing direct services including case management (working directly with people with a variety of disabilities); and
- An understanding of Independent Living philosophy with at least twelve hours of standardized training in history and philosophy of Independent Living every year provided by an Independent Living Center of the State Independent Living Council of Kansas; and